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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/656,738
Filing Date	September 5, 2003
First Named Inventor	Joshua Lynn Scott et al.
Art Unit	3726
Examiner Name	Omgba, E.
Attorney Docket Number	702_092

Total Number of Pages in This Submission 19

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Return Mailroom Postcard; Form PTO/SB/08A; check in the amount of \$180.00.
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account No. <u>50-0289</u> .
Express Mail Label No. EV 554214970 US		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wall Marjama & Bilinski LLP	Reg. No. 45,053
Signature		
Date	March 22, 2006	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service using the Express Mail Post Office To Addressee service per 37 CFR 1.10 under Express Mail No. EV 554214970 US addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 22, 2006.

Typed or printed name	Cheryl M. Nichols		
Signature		Date	March 22, 2006



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006****Complete if Known**

Application Number	10/656,738
Filing Date	September 5, 2003
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Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$180.00

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**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
- 20 or HP =	x	=
HP= highest paid number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>		
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEES**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Information Disclosure Statement	\$180.00

**SUBMITTED BY**

Signature Richard J. Roos	Registration No. 45,053 (Attorney/Agent)	Telephone 315-425-9000
Name (Print/Type) Richard J. Roos		Date March 22, 2006